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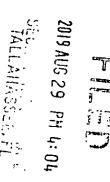
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COVER LETTER

TO: Amendment Section *Division of Corporations BENGA TILES INSTALLATION & SERVICES INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RRAPUSH BENGA Name of Contact Person BENGA TILES INSTALLATION & SERVICES INC Firm/ Company 7508 DEVONDALE WAY Address JACKSONVILLE, FL 37256 City/ State and Zip Code NAGDAY@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 446-5 HJ

Area Code & Daytime Telephone Number NAJIB AGDAY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Adc. tional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendm nt Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallaharsee, Fi. 32301

Articles of Amendment to Articles of Incorporation of

BENGA TILES INSTALLATION & SERVICES INC

· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as currently	filed with the Florida Dept, of State)
P15000077658	
(Document Number of Comment Nu	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2019 TA1
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stree	et address;
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trastee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address	NDERING OAKS DR S
Type of Action Title Name Address	NDERING OAKS DR S
	NDERING OAKS DR S
(The state of the	NDERING OAKS DR S
1) Change V ERION KARAMUCA 4510 WAN	
	WILLE, FL 32257
Remove	-
2) Change	KINGS RD S APT 311
	WILLE, FL 32257
X Remove	
3) Change VP ALBAN HAKRAMA 11140 WY	NDHAM HOLLOW LY
Add JACKSON	IVILLE, FL 32246
X Remove	<u> </u>
4) Change	
Add	,
Remove	
5) Change	
Add .	
Remove	
6) Change	
Add	
Remove	

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<u> </u>	. <u> </u>		
		·	
an amendment provides for an exch	ange, reclassification, or cancell	lation of issued shares,	
provisions for implementing the amer	idnient if not contained in the a	menament itself:	
(if not applicable, indicate N/A)			
	· - · - · - · - · - · - · - · - · - · -		
			
			-
			-

The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendent for approval.	lment(s)
	d by the shareholders through voting groups. The following a voting group entitled to vote separately on the amendment(s	
"The number of votes cast for the	he athendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sha	reholder
■ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	lder
O8/26/2019 Dated	Porto	
(By a director selected, by	or, president or other officer if directors or officers have no an incorporator—if in the hands of a receiver, trustee, or oth iduciary by that fiduciary)	
RR.	APUSH BENGA	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	